Position	Variable	Item#	Name	Format		Code Structure Description
1 - 4	Date of Death--Year	29	DOD_YR	4		Year of Death (numeric)
5 - 6	State of Death	16	ST_OCC	$2		Alpha - see FIPS table 5-2; NCHS Part 8 Instruction Manual
7 - 12	Certificate Number		CERT_#	6		left 0 filled; 000001-999999
13	Coder status		CS	1		Numeric, Valid codes: 0 - 9
14 - 17	Lot		LOT	4		NCHS ID Information. Numeric, 0001 - 9999. (States commonly use "book number")
18	Section number		SECT	1		NCHS ID Information. Numeric, 0 - 9
19 - 21	Shipment number		SHIP	$3		NCHS ID Information. Alpha\Numeric. Usually month of death or month of receipt
	Receipt Date Inserted at NCHS					
22 - 23	NCHS receipt date --Month		REC_MO	$2		01-12, blank
24 - 25	NCHS receipt date --Day		REC_DY	$2		01-31, blank
26 - 29	NCHS receipt date --Year		REC_YR	$4		>=year of death, blank
30 - 33	PGM version control - SuperMICAR		VER_SM	4		Computer Generated. Version number of SuperMICAR
34 - 35	Date of Death--Month	29	DOD_MO	2		01-12, 99
36 - 37	Date of Death--Day	29	DOD_DY	2		01-31 (based on month), 99
38	Sex	2	SEX	$1	M	Male
					F	Female
					U	Unknown
39	Age: units	4	AGETYPE	1	1	Years
					2	Months
					3	Weeks
					4	Days
					5	Hours
					6	Minutes
					9	Unknown
40 - 42	Age: number of units	4	AGE	3		001 - 135, 999
43 - 162	Cause of Death--Line A, Part I	32	CODIa	$120		Literal information reported on Line a
163 - 182	Cause of Death--Interval, Line A, Part I	32	INTIa	$20		Duration Reported on Line a
183 - 302	Cause of Death--Line B, Part I	32	CODIb	$120		Literal information reported on Line b
303 - 322	Cause of Death--Interval, Line B, Part I	32	INTIb	$20		Duration Reported on Line b
323 - 442	Cause of Death--Line C, Part I	32	CODIc	$120		Literal information reported on Line c
443 - 462	Cause of Death--Interval, Line C, Part I	32	INTIc	$20		Duration Reported on Line c
463 - 582	Cause of Death--Line D, Part I	32	CODId	$120		Literal information reported on Line d
583 - 602	Cause of Death--Interval, Line D, Part I	32	INTId	$20		Duration Reported on Line d
603 - 842	Cause of Death--Part II	32	CODII	$240		Literal information reported in Part II

Position	Variable	Item#	Name	Format		Code Structure Description
843	Did Tobacco Use Contribute to Death?	35	TOBAC	$1	Y	Yes
					N	No
					P	Probably
					U	Unknown
					C	Not on certificate
						Blank
844	Pregnancy	36	PREG	1	1	Not pregnant within past year
					2	Pregnant at the time of death
					3	Not pregnant, but pregnant within 42 days of death
					4	Not pregnant, but pregnant 43 days to 1 year before death
					9	Unknown if pregnant within last year
						blank
					8	Not Applicable: Computer generated
					7	Not on certificate
845	If Female--Edit Flag: From EDR only		PREG_BY PASS	1	0	Edit Passed
					1	Edit Failed, Data Queried, and Verified
					2	Edit Failed, Data Queried, but not Verified
846	Manner of Death	37	MANNER	$1	N	Natural
					A	Accident
					S	Suicide
					H	Homicide
					P	Pending Investigation
					C	Could not be determined
						Blank
847 - 848	Date of Injury--Month	38	DOI_MO	$2		01-12, 99, blank
849 - 850	Date of Injury--Day	38	DOI_DY	$2		01-31, 99, blank
851 - 854	Date of Injury--Year	38	DOI_YR	$4		4-digit year, 9999, blank
855 - 858	Time of Injury	39	TOI_HR	$4		0000-2400,9999, blank
859	Units of Time			$1	A	AM
					P	PM
					M	Military Time (24 hour clock)
						Blank
860 - 909	Place of Injury--Literal	40	INJPLL	$50		Full text for Place of Injury
910	Injury at Work?	41	WORKINJ	$1	Y	Yes
					N	No

Position	Variable	Item#	Name	Format		Code Structure Description
					U	Unknown
						Blank
					X	Not Applicable: Computer generated
911 - 1160	Describe How Injury Occurred--Literal	43	LINJURY	$250		Literal information reported in How Injury Occurred Block
1161 - 1190	If Transportation Accident, Specify	44	TRANSPL	$30	DR	Driver/Operator
					PA	Passenger
					PE	Pedestrian
						Enter Full Text
1191	Was an Autopsy Performed?	33	AUTOP	$1	Y	Yes
					N	No
					U	Unknown
						Blank
1192	Were Autopsy Findings Available to	34	AUTOPF	$1	Y	Yes
	Complete the Cause of Death?				N	No
					U	Unknown
						Blank
					X	Not Applicable: Computer generated
1193 - 1222	Certifier	45	CERTL	$30	D	Certifying Physician
					P	Pronouncing and Certifying Physician
					M	Medical Examiner/Coroner
						Enter Full Text for Other Individual Legally Allowed to Certify
	Date of Surgery: Applicable to States with a surgery block, blank otherwise.					
1223 - 1224	Date of surgery -- month		SUR_MO	2		01-12, 99 (for unknown), blank
1225 - 1226	Date of surgery -- day		SUR_DY	2		01-31, 99, blank
1227 - 1230	Date of surgery -- year		SUR_YR	4		4-digit year, 9999, blank
1231	Incomplete data flag		INC_DT	1	1	COMPUTER GENERATED: Information entered is incomplete
						Blank otherwise
1232	Line Ib "due to" flag		DUE2Ib	1	1	"Due to" deleted by certifier
						Blank otherwise
1233	Line Ic "due to" flag		DUE2Ic	1	1	"Due to" deleted by certifier
						Blank otherwise
1234	Line Id "due to" flag		DUE2Id	1	1	"Due to" deleted by certifier
						Blank otherwise
1235	Part II "due to" flag		DUE2II	1	1	"Due to" deleted by certifier

Position	Variable	Item#	Name	Format		Code Structure Description
						Blank otherwise
1236	Activity at Time of death: **Computer Generated**		INACT	1	0	While engaged in sports activity
					1	While engaged in leisure activities
					2	While working for income
					3	While engaged in other types of work
					4	While resting, sleeping, eating, or engaging in other vital activities
					8	While engaged in other specified activities
					9	During unspecified activity
1237	Place of Injury - **Computer Generated**		INJPL	$1	A	Home
					B	Farm
					C	Residential Institution
					D	Military Residence
					E	Hospital
					F	School, Other Institutions, Administrative Area
					G	Industrial and Construction
					H	Garage/Warehouse
					I	Trade and Service Area
					J	Mine/Quarry
					K	Street/Highway
					L	Public Recreation Area
					M	Institutional Recreation Area
					N	Sports and Recreation Area
					O	Other building
					P	Other specified Place
					Q	Unspecified Place
						Blank
1238 - 1249	Auxiliary State file number		AUXNO	12		000000000001-999999999999; blank
1250 - 1279	State Specific Data		STATESP	$30		Optional. Any information entered through SuperMICAR for state use only.